



Final Transcript

**STATE OF CA DEPARTMENT OF DEVELOPMENTAL SERVICES:
Public Hearing on the Closure of Porterville Development**

January 30, 2016/10:00 a.m. PST

SPEAKERS

Theresa Billeci
Cindy Coppage
Renee Clark

PRESENTATION

Theresa —to our public hearing today, so we're going to be doing this hearing based on the closure of our general treatment area here at Porterville.

So, I'm going to turn it over right now to Cindy Coppage, [ph] and she's going to explain a little bit more about the proceedings today. Thank you.

Cindy Good morning. I'm so glad you all made it today in the rain, and it's good to see you. Welcome to the public hearing on the proposed closure of Porterville Developmental Center General Treatment Area. My name is

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Cindy Coppage at the Department of Developmental Services. And here with me are Renee Clark [ph], and Ashley Whitworth [ph] of Porterville Developmental Center, and we're the hearing officers today for this public hearing. You may know there's restrooms in the back, just a little housekeeping, restrooms in the back, and drinking fountains, and we also have some water over here for you.

I would also like to now introduce the Department of Developmental Services' representatives who are here today, John Doyle, our Chief Deputy Director, in the back; Dwayne LaFon, our interim Deputy Director for Development Centers Division, in the back as well; Dawn Percy, Interim Assistant Deputy Director for Program Operations; Amy Wall, Assistant Director of Developmental Center Closures; and Theresa Billeci, who you just heard from earlier.

This public hearing is being audibly recorded. And for the record, the time is now 10:05 a.m. on January 30, 2016. And we are at the Porterville Developmental Center Auditorium here in Porterville, California.

The 2015 May revision to the governor's budget proposed the closures of Fairview Developmental Center and the non-secure treatment of the

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Porterville Developmental Center by the end of 2021. As stated in previous communications from the department, efforts are underway to submit a plan to the legislature by April 1st this year to close the general treatment area of Porterville Developmental Center by 2021. This public hearing is set in accordance with the Provisions of Welfare and Institutions Code 4474.1(f), which states: "Prior to the submission of the plan to the legislature the department shall hold at least one public hearing in the community in which the developmental center is located, with public comment from that hearing summarized in the plan."

Notices of this hearing were distributed to numerous interested groups and individuals via email, mail, they were posted online, and in local papers, and distributed to the news media.

A sign language interpreter has been provided for those attending, and as you may have noticed, the interpreter is located, she's right here. She will move to the front if we have a need, and is available to assist.

We also have a Spanish language interpreter that's available if needed, Ruben, he's sitting in the back by the water. Thank you, Ruben.

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The Department of Developmental Services welcomes your input regarding the closure of the general treatment area of Porterville Developmental Center. At this hearing, as designees of the department we will be receiving your comments. We have set up an operator-assisted conference line for people to call, and we'll periodically alternate receiving input from the callers and from you, people who have signed up to speak today.

We are here to listen and to document your input. The public hearing is not structured as an interactive process, and as a result the hearing officers or the department representatives will not be answering questions here today, or responding to statements made.

The department will consider all oral statements made during this hearing. It will also consider written statements submitted at today's hearing, which should be placed in the box at the registration table, you may have seen it, and you're welcome to place it up there. You can submit your input directly to the Department of Developmental Services at the address that was on the agenda, to the department's website, or sent by email, or mail. All input must be received no later than 5:00 p.m. on March 1, 2016

in order for it to be considered as part of the development of the Porterville Developmental Center general treatment area closure plans.

This hearing, again, is being digitally recorded, and the information received today, both verbal and in writing, will be reviewed and summarized in the closure plans.

With that said, we will begin the hearing by having Renee Clark review with you the protocols for these proceedings to ensure everyone is comfortable and is heard. Renee?

Renee

Good morning. Individuals providing comments will not be sworn in, nor will there be questioning of the presenters. Hearing officers and department representatives will not be responding to any comments made or questions posed during the public hearings. Each person wishing to speak should have obtained a 3x5 speaker's card and signed the Speakers Only sign-in sheet at the registration table. The card should have your speaker number and your name printed on it. For the convenience of the speakers today, the front row has been reserved for people to wait their turn as the speaker's card number is close to being called. As these seats are vacated the next speaker can take a seat as they await their turn. When

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the hearing officer calls out your number on your 3x5 speaker's card, please approach the microphone, leaving your card in the Speaker basket provided. It's right over here. If you're unable to come forward or need assistance, please wave your hand and we'll bring the microphone to you.

Before presenting your comments to us, please state your first and last name, and organization affiliation, if any, for the record. Each speaker will have the opportunity to speak for up to five minutes to present his or her comments. This will allow ample time for those who wish to speak to be afforded that opportunity. You will be given a signal when you have two minutes and when your time is up, at which point you need to close your statements. Teleconference speakers will rotate in periodically and given the same amount of time to speak.

I would like to request the audience to remain quiet so that we can be assured a clear recording of the proceedings today. Please silence your cell phones. Also, please be courteous of the speakers by holding side conversations outside of the room. In the interest of maintaining the confidentiality and privacy for the men and women who live here at Porterville, we ask you not to use specific consumer names, or provide

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personal, medical, or other confidential information when making your comments.

The time allotted for the comments will end at 5:00 p.m. Since this is such a long period of time and many of you may have other commitments today, you're welcome to leave after you have the opportunity to present your comments, or feel free to stay if you wish to hear all the testimony provided. A full transcript of the hearing will be posted on the DDS website.

We will begin now the public comment portion of the hearing. I'd like to ask Speaker 1 through Speaker 6 to please approach the front of the room and take your seats. Speaker 1, please proceed to the microphone, and Speaker 2 through Speaker 6 are encouraged to sit in the front row that has been reserved for the speakers that are next in line.

Speaker 1, please approach the podium, and state your first and last name and affiliation, that they need for the records.

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Peggy My name is Peggy [REDACTED], spelled [REDACTED], and I'm the conservator, I'm here with my mother, Margaret [REDACTED], and we're the conservators for [REDACTED], who's a resident here. Ready?

Renee Go ahead.

Peggy Good morning. As I said, my name is Peggy [REDACTED], and I'm here with my mother, and we're from Sacramento, California. And we're here to oppose the closing of the Porterville Developmental Center, or PDC. My [REDACTED] [REDACTED], has been a resident for [REDACTED] years, which is over half her life. She is profoundly retarded, which means she has a mental capacity of an 18-month-old child. She's blind, non-verbal, medically fragile, and needs care around the clock, 24 hours a day, 7 days a week.

She arrived at PDC at age [REDACTED] after living previously in a private facility. She had recently lost her sight, and as a result became depressed and refused to eat. Her previous facility was not capable of handling her new disability, her loss of sight, and at the advice of her social worker she transferred to the acute section of PDC's hospital, where she received life-

saving care and treatment. When she was stable she was transferred to the appropriate unit for her specialized needs.

██████████ is an excellent example as to why the center should not be closed. The developmental centers care for those among us that cannot care for themselves. Their medical issues are such that they require specialized and professional care.

I don't believe that the committee really understands what it's like to have a family member who is developmentally disabled. Remember your children at 18-months-old? You talked to them, saw a hint of understanding, but they could not communicate or speak to you. They had a rudimentary way of letting you know if something pleased them, or not, but they couldn't speak to you to tell you if they were hot, or if they were cold, or if they were in pain.

So, for ██████████ simple tasks such as walking down a hallway, feeding herself, going to the bathroom, going to the dentist, they all require special staff to help her. PDC is a well run facility and provides not only for her physical needs, but also provides educational opportunities, as she attends classes every day to develop motor skills.

In addition, PDC has many on-site services, such as there's doctors on call 24/7, there's a small hospital, there's a dental clinic, a swimming pool, auditorium, gym, chapel, outdoor activities, there's classes that are led by professional educators and recreational therapists, the entire campus and individual facilities are all wheelchair accessible, and transportation is available 24/7 in case of an emergency. In addition, [REDACTED] has been assigned a senior companion who visits with her weekly and takes her for walks on the campus.

PDC has provided professional and loving care for [REDACTED] and has saved her life a couple of times. This center was specifically created for extremely retarded people because they could not live in the community due to their physical and mental limitations. Certainly, we all understand budget, labor, and resource constraints, and want the center to run as efficiently and productively as possible, but we believe that it would be better to modify or update the current facility than to close PDC.

It doesn't seem that the committee has taken into account that the residents are fragile people. In the case of [REDACTED] she does not handle change very well. She came to this facility because she had to move once before,

and her coping mechanism was to stop eating and as a result she nearly died. What if she spirals again?

We would also like to point out that when a senior citizen develops serious physical or medical problems and can no longer care for themselves it is acceptable for them to live in a large facility with residents with similar problems or ailments. Is that any different from [REDACTED] living at PDC?

There are many retarded persons coping well in the community, and that's great. But caring for the mentally retarded is not a one-size-fits-all. Both environments are necessary: community settings and developmental centers. The care and the love that [REDACTED] has been receiving at PDC has been outstanding, and I have a hard time believing that she would receive the same specialized medical care and educational opportunities in a community environment.

PDC has services on-site available 24/7. While the committee setting may be able to provide some services they will not be on-site 24/7, and as a result will require more time, more efforts, and additional budget to implement. We ask that you revisit your analysis of the center and the

services it provides. [REDACTED] and the other residents in the facility need the structure and the 24/7 specialized care the developmental center gives.

Thank you for your time and the opportunity to speak today.

Renee

Thank you. Speaker 2, please approach the podium.

Renley

My name is Renley [REDACTED] and I am a parent. My [REDACTED], has lived here at Porterville Developmental Center for 38 years. This is his home, a home where love, respect, and care is shown.

When I heard that the state was closing Porterville Developmental Center, my heart sank, I got a knot in my stomach, and that has not left. I never thought this would ever happen. Never. I've not been the same since. Before the news came out I could sleep at night, rest during the day, knowing that [REDACTED] was getting the best care possible. The care that [REDACTED] receives, along with all the other residents, is beyond compare.

Now, I have visions that aren't good. I have not been able to sleep well at all, or rest during the day. I want to cry every time I picture him somewhere else not being with the staff who he loves and his peers that he

has known for so many years. When I visit [REDACTED] and it's time for me to go, I give him a kiss goodbye, and he wheels himself down towards his room, or the living room area. If he didn't love it here he wouldn't do that.

Can you imagine one of your children or loved ones being uprooted from their home that is all they've known for most of their lives and go somewhere where they know no one? Think about how they would feel. They would be able to express how they are feeling, but [REDACTED] cannot. He will be confused, not knowing what's going on. I can't even go there imagining what will be going on in his mind. It's something very sad and hard to get past.

Under the State of California Health and Welfare Agency, the rights of individuals with developmental disabilities, it reads in part: "Persons with developmental disabilities have the following rights. A right to treatment and habilitation services and support in the least restrictive environment, treatment and habilitation services and support should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, and normal life as possible. Such services shall protect the personal liberty of the individual

and shall be provided with the least restrictive conditions necessary to achieve the purpose of the treatment, services, or support; a right to dignity, privacy, and humane care; a right to prompt medical care and treatment; a right to social interaction and participation in community activities; a right to physical exercise and recreational opportunities; a right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, or neglect; a right to make choices in their own lives, including but not limited to, where and whom they live.”

██████ is in the least restricted environment. When I read his rights, Porterville Developmental Center provides all of them. He moves around his unit freely. All of his needs are met. There’s accountability among the staff. Someone is awake 24 hours watching over him. Is that going to be the same in a community home? Will a nurse be available—?

Renee You have two minutes left.

Renley —okay—24 hours a day? ████████ seizures are a concern. He will only take his medicine from familiar staff. What’s going to happen when placed in a community home and he refuses to take his medicine? Will

the person on staff have patience with him, or get frustrated, possibly yell at him? Will he end up not taking his medicine? I don't know. What I do know is that he takes it from the staff here at PDC.

██████ is seen by a great neurologist, who has been able to keep his seizures under control. Would he be seeing a new doctor, and would that doctor keep the recommended treatment for ██████, or think that he or she has a better one?

He has a routine every day that he has had for years. To disrupt that would be so confusing to him. He has a wonderful senior companion who sees him almost every day, takes him for walks, watches over him as he does his job of shredding paper, which he absolutely loves doing. He participates in a lot of activities, such as adaptive bowling, which he loves. He goes on outings in the community. Does community placement have all these services?

If you have a child with developmental disabilities and they were here, trust me, you wouldn't want them to live anywhere else. If you could visit the unit you would see the interaction, care, love, and support they receive and you would then understand how I feel. I know the state is saying that

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developmental centers are faced with decertification and loss of federal funding, but what I don't understand is why the state is closing the general treatment area of PDC and keeping the forensic side, the secure treatment program, open. Are their lives more important?

The lives of our children, the most vulnerable, are being disrupted. It's a disservice to them. Don't you think we as parents, conservators, or guardians would have had our children in a community home already if we thought that was best for them? We are their voice. I'm [REDACTED] voice. A community home is not where he should be. He should live here with his peers and the staff who treat him as family. As a mother who loves [REDACTED] very much, I would respectfully ask that you please hear my heart, my concerns, and reconsider the closure of Porterville Developmental Center. Thank you.

Renee

Thank you. Speaker 3, please approach the podium.

Doug

My name is Doug [REDACTED], and my [REDACTED]. [REDACTED] has been a resident here since 1955. He came here when he was five. There's not one member of the staff that's been here for any length of time that doesn't know him.

I'm totally against it. And I have been coming, whether I wanted to, or whether I didn't want to when I was young, and sometimes three times a month. The last years my wife and I are conservators. My mother is now aging. She's very heartbroken, but she couldn't make it.

I want to thank the staff. I'm going to start on a positive. [REDACTED] has had the best care. He's lived within 1,000 feet from where he started. The only time he's left here is on special occasions, or with us, his family. And the staff has been very dedicated to him. And we've seen a lot of staff come and go over the years, and by and large, up until the last couple of years, very consistent. And now we're seeing some changes even in that.

And I'd like to address real quickly the forensic side. One real reason the forensic side is staying, they're getting funded; we're not—simple. I have had two letters shot by our attorneys across bows over the years for threats from our social worker to try to get [REDACTED] out of the hospital. And it's sort of funny, I have his original review from over 61 years ago, to the last one last year, it's amazing we didn't have one this year, and they all say the same thing, and they're all trying to get to the same thing, they wanted to, by accomplishing things, by moving him forward with training,

and all the efforts. And he hasn't changed. He doesn't communicate. He can walk. He does, I believe, know who we are. But his abilities are very limited. He cannot be controlled.

And one of the reasons we fired those letters from the attorney was real simple: the social worker said he was able to move. Realizing that the state is, [REDACTED] is a ward and I am a conservator, they out trump me. But I do have the rights to be able to make sure he's given the same care. So, I asked, real simple, can you give me three facilities that he can go to that I can hire an independent person to go in and evaluate, which we did, and I have the studies. And all of a sudden, you know what, within less than a year all three of those facilities are closed. They're closed. If the state is honest with us they will tell you wherever they're going to put him they don't stay.

Renee

Two-minute warning.

Doug

They don't stay. They close. Then what happens? [REDACTED] will not survive. I believe that everything that we have is based in our family, and it's not in the state. And I can't believe that they're going to do any less than they've done in the past. And I'm prepared to do, again, bring a

lawsuit, and I'll bring it with force. If you check me out, I own my own business, and I'll do what I need to do to fight you, every bit, every minute of the way, for everything that I have.

So, all I ask now is if you do find something that I'm given the same opportunity as I have in the past, you show me where you would put him, let me see if it will work, and if it doesn't work the wrath of God will come.

Renee I'm going to take some callers now. Christy, do we have any callers on the line?

Moderator We do. (Operator instructions.) We'll go to the line of Carol [REDACTED], [REDACTED] of a client.

Carol Good morning. My name is Carol [REDACTED] is my last name. I am the mother of and conservator for [REDACTED] that has lived at Porterville for 20 years. She is currently at [REDACTED], which is ironically the first unit that's going to be closed, and is currently in that, it's doing that. She's 55-years-old, and at age [REDACTED] she contracted measles encephalitis, was in a coma for several weeks with a very high fever, and that's the

cause of her brain damage. The part of her brain that was damaged was the part that filters stimuli, so as a result in certain circumstances she becomes very agitated and combative, and needs a special team to control that. And it is the reason she's at the developmental center, after many attempts at placement in community homes that failed.

Porterville is [REDACTED] home, and the staff is her family. She has known many of the staff for years. She walks around campus and says "hi" to people that I've never seen before. And, by the way, I'm 77-years-old and physically unable to travel anymore, but as long as I live I'm going to advocate for her. Excuse me.

I'd like to highlight several reasons why the developmental center is the best and least restrictive placement for [REDACTED]. First of all, she has a highly trained professional staff that knows her well and can manage her behaviors, that seems to love her and respect her and feels a lot of confidence in her. And I have complete confidence in them.

Second, she has a medical staff that's on the campus 24 hours a day, and they discovered her [REDACTED] cancer very early and probably saved her life. And she's made a good recovery from that. They also manage her

medication and her general health on a daily basis. She has a job which she loves and she earns money, and that's very important to her. She's very productive in that, and loves going there every day. She's high energy. She needs to walk, and she needs a lot of activity. She loves to get out and walk on the campus, and she walks to work, she walks to church, she walks to the administration building.

Renee Two-minute warning.

Carol Pardon?

Renee You have two minutes.

Carol Alright. She always is well dressed because of the fashion center. She loves to go to the Blue Heron. In my opinion she has advantages at Porterville that cannot be duplicated in a community home. Moving her out of Porterville would turn her secure world upside down, confuse her, and separate her from those she loves and trusts, a job she enjoys, in an environment she is comfortable in.

One of my biggest concerns has never been answered, and this is it: in a community home how are they going to manage her combative behavior? In the past they've called law enforcement and put her in the psych ward in the community hospital, and I don't want that to happen ever again.

Since a decision has already been made to close the general treatment area at Porterville, why are you asking for my input now? What difference will my input make after your decision is already made? This really insults me.

I would like to say that I'm very grateful and thankful for the wonderful care [REDACTED] has received at Porterville. The staff is wonderful. The campus is wonderful. Her home environment is wonderful. I just don't think it can be duplicated in the community. After all these years I feel helpless, and I can only trust God to continue to protect her. She is his child and he loves her more than I do. It is also my prayer that my request that the general treatment area at Porterville not be closed and that there will continue to be a place for her, and individuals like her, at Porterville. Thank you.

Renee

Thank you. Are there any other callers on the line, Christy?

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Moderator None in queue at this time. (Operator instructions.) We do have another caller. It's Annette [REDACTED] of a client.

Annette Hello. I was not going to speak today so I do not have prepared remarks. But I've listened to all of you, and I could say almost every single thing that all of you parents and siblings have said. When you have a family member who can't do anything for herself it feels so safe for us to have [REDACTED] in such an environment that's the least restrictive placement for her, going to the dentist, the fact that there's a van, that she knows the people, it's right there on site, the fact that there's a nurse 24 hours a day. That has always been our concern in a group placement home, is someone awake 24 hours a day?

This is a young woman who had a cerebral hemorrhage when she was born, she wasn't breathing, and her severe cerebral palsy and mental retardation mean she is unable to take care of herself in any way, shape, or form. She is the most vulnerable of our society. The most important thing besides the medical care, and of course feeding and all, is [REDACTED] just absolutely thrives at Porterville because of the attention. And she, someone comes down the hall and that head turns around in that wheelchair, the senior companion coming every day.

We all live very, very far away in different states, and we're also getting older, and travel to get to her is harder, and we still manage that one of us visits her every single week.

Nineteen hundred and fifty-six is when [REDACTED] was placed in Porterville because of her seizures more than anything else, which have been controlled with medication. And one of the other speakers mentioned that a new doctor changing, the change for these, our most vulnerable citizens, that's the hardest thing for them is change. And again, like everyone else, the care, the love, the trust that we have for all of the staff at Porterville is immeasurable, and just we need to find some other solutions. Community placement just is not the solution.

And tell us what we can do. Now that I'm hearing it's more about federal funds, what can we do to help with that? We understand the constraints of finances, but this is not the solution. This is not it. And again, thanks for letting us talk today. Thanks for listening to us. And thank you again for all the staff at Porterville.

Renee

Thank you. I'm going to try and take one more caller, if there is any other callers?

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Moderator (Operator instructions.) We do have a comment from Dennis [REDACTED], [REDACTED] of. Please go ahead, [REDACTED]. You may want to check your mute button.

Dennis Okay. Are you there?

Renee Yes, we are.

Dennis Okay. I'm sorry. I was trying to keep the noise here out of the meeting. At any rate, I am a [REDACTED] and conservator of [REDACTED]. She is the longest surviving client at Porterville. She went there in, I think it was June of 1954, just a few months after the center opened.

I'm not going to go into the personal issues that many others have so well expressed. She, like them, has 24/7 care requirements that I do not believe will be fulfilled in a home setting. I have two daughters and in their early 20s, they're now in their late 40s, early 50s, that worked as certified nurse assistants in home settings for the care of elderly and infirm about 20 years ago. Possibly things have changed since then, but they were adamant that I battle numerous efforts over the years to have [REDACTED] moved to a private facility or private home.

Number one, many of these people are dependent upon having activity around them. In the case of [REDACTED], she cannot hear or speak, so her visual activity is the only stimulation she has. She cannot walk, so she's in a wheelchair. She needs to have a facility that is fully equipped to accommodate that.

I think the biggest issue my daughters had was that they said that in most cases the medical support, though legal, was second rate. These were primarily retired doctors who in many cases did not show a real interest in the patients, and very often were reticent about doing what needed to be done with them.

In order to be in a home setting, according to my daughters, the clients must have some degree of quality of life that is self-induced. There's not enough people around to stimulate them, and typically not enough staff to take care of them, especially at night. Very often most of these residences only have one person on staff. On occasion my daughters found that that one person would drop off to sleep, or urgencies occurred and were not immediately addressed. So, I have made it a point to battle all the efforts to get [REDACTED] into a private facility, and I will continue to do so.

Renee Two-minute warning.

Dennis Okay, thank you. At any rate, I encourage people to stand the ground, and I really believe that there will be a financial advantage to having all of the needs of these people concentrated at a single site rather than scattered over a variety of private homes. Thank you.

Renee Thank you. Speaker 4, will you please approach the podium?

Mario Hello, everyone. Thank you for the opportunity to speak today. My name is Mario Espinoza, and I am speaking on behalf of Disability Rights California. Disability Rights California supports the development of a closure plan which will ensure that Porterville residents can safely and successfully transition to the community. Because California has successfully closed other developmental centers there is extensive experience which demonstrates that we know how to do this right.

It all starts with a plan, a plan that is thoughtful and transparent, a plan that emphasizes the choices, health, and well-being of every Porterville resident. Key elements of this plan must include the immediate start of individualized transition planning so that when it's time to implement the

plan each person's needs can be met without delay, targeted community placement plan blending to develop homes that meet the characteristics of programs unique to Porterville. For example, Porterville Developmental Center operates a transitional treatment program to help people who no longer need to be in a secure treatment unit, but need additional transitional support to help them return to the community.

Capacity must be developed to meet this need, which could include supporting the expansion of qualified SLS providers, development of enhanced behavioral support homes, or other specialized settings. Stakeholder oversight of all transition-related activities, including resident transition and quality assurance, stakeholders must include developmental center residents and people with intellectual and developmental disabilities, additional client's rights advocates who can support residents and their families identify appropriate community homes, work to eliminate barriers to successful transitions, and provide advocacy services to residents after they move, better rates and the elimination of unreasonable delays in rate approval for integrated services, like supported living, with demonstrated success supporting people who move from developmental centers to the community.

The expansion of a strong community safety net that can respond to crisis in ways that promote maximum dignity and independence. Examples of these investments include the expansion of short term crisis facilities, development of models that can't say no, and increased rates for services which are necessary to help people remain in the community.

Lastly, we know that individuals can successfully move from developmental centers to the community, in part because of our advocacy work to help with successful transitions. As an example, I want to share the story of—

Renee

Two-minute warning.

Mario

—I want to share the story of Jeffrey. About the time Jeffrey was placed in state developmental center, President Nixon returned to Yorba Linda, and Jerry Brown was elected the youngest governor of California. For many reasons, including attitudes and culture, that are slow to change, no one helped Jeffrey explore ways to become more independent, as is his right under the Lanterman Act.

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Our staff were successful in advocating for Jeffrey to get support to live in the community. In the fall of 2014 he moved into an apartment. At the time he moved people thought Jeffrey was afraid to go places and be out in public. Today he is now on the go every day, loves interaction with his community, including exploring big box stores via elevators, and when he arrives home he calls out, "Where is Jeffrey's new bedroom?"

The closure of the Porterville Developmental Center is an important step in the decades-long process of community integration for our citizens with developmental disabilities. After 40 years Jeffrey finally got his opportunity to take this step. With safe, thoughtful, individualized transition planning we hope that others will be able to do the same.

Renee

Thank you. Speaker 5, please come forward.

Steve

Good morning. My name is Steve [REDACTED], and [REDACTED], has been a client at PDC for 51 years. And I would just like to say I'm very disappointed in the decision by the State of California to expand the secured area and displace those clients who have no voice in that decision. And that's what it comes down to, they need more room for the forensics,

who have made their choices, and displacing people who didn't make that decision, they have no voice, they have no choice.

I've visited these homes out there because they said they want to transition [REDACTED]. Alright, I've gone out there. Not one home is able to accommodate what he needs. Can people transition? Obviously, they can. But to make a blanket statement that they all can be transitioned. We are led by highly intelligent people in the State of California, college graduates, all this, you can't tell me that you can throw a blanket statement out there like that and just let it ride. That is not fair. That is not humane in any way you look at it.

Those of you that have spoken before about your children, your sisters, your brothers, your sons, I applaud you. The Porterville Developmental Center has done wonders for [REDACTED]. They've taken care of him. He has cerebral palsy. He didn't choose that. He's blind. He's in a wheelchair. He can't speak for himself. But the State of California is going to speak for him, to say, "Go out there and just do what you can do. You can learn this." No, he can't. If he could have learned it he would have learned it by now. He's 57-years-old. But he can't learn it. He can't defend himself. He can't speak for himself.

My concern is the level of care that he will not receive by being placed.

This forensic unit gets top level care. When they expand it, top level care.

Not [REDACTED]. He has it now. He won't have it then. Do they deserve it more than him? I don't think so.

And in closing I'd just like to say there's too many unanswered questions.

When you throw out a statement like the governor's thrown out, "We're

closing it," then what? Then what? Yes, we've got until 2021, if that

long. This comes down to money? Really? I've been paying taxes since I

was 15-years-old. And it's about money? I don't understand that.

As far as I can say I believe our society is largely judged on how we treat

our elderly and on those who can't care for themselves. Based on that, I

think this is a failure on the part of the state—

Renee

Two-minute warning.

Steve

Thank you. I believe this is a failure by the state to close something with no plan, hear what I'm saying, no plan that will effectively care for these clients. Thank you.

Renee

Thank you. Speaker 6, please approach the podium.

W

I'm [REDACTED]. My son just spoke. I didn't write a letter, but every speaker up here this morning has spoken my heart. And I have heard through the years that they would close PDC, but I didn't really believe that. But now it looks like maybe that's the direction they're going. But I believe as family members and a human entity that cares our voice can be heard. One voice oftentimes changes many, many things, and I believe that our children, our brothers and sisters deserve what they're receiving here.

[REDACTED] is now 57, and for over 40 years I've been fighting home placement. I've visited homes every time they've asked me to with an open mind, not being judgmental if I went in. And who better knows their children than a mother or a father, and those that work with the clients here. Nobody understands [REDACTED] like the people that work here, the staff.

And many people up in Sacramento and other areas, they make judgments on how they should do. Years ago they took away all of the stuffed animals, and the toys that meant the world to the children. Why? Are

they 18 because they say they are, or, are they 18, or 20, or 30, or 50, or whatever their age is, can't they still have a stuffed animal if they want it? But they said it wasn't age appropriate. Well, they also told me bowling wasn't age appropriate, for him to bowl during the day. Really? Well, I have to say to all of you that bowl during the day you're not acting your age.

Now, [REDACTED] has had the most wonderful life he could have ever had. I love him with all my heart, and so do his brothers, but I couldn't have done for him all that he's received. And I'm forever thankful for the family that he has had here. Now, in the homes that I went to, I'm not saying they don't care and I'm not saying they don't have some things. I even decided that I would work in a home just to see so I would really know what I'm talking about. Well, when I was there—

Renee

[Audio disruption].

W

No, it's on. When I was there some of their daughters came in and said, "Gee, mom, we can't pay the electric bill. What are we supposed to do?" Is that where I want [REDACTED] to go and live in a home where they can't even pay their bills? Excuse me. Now, I'm not saying every home's like

that. I'm just saying every place I went either they were excluded into a wing with a big, heavy door where you couldn't hear them, at one place I went to in Sanger. Another place I went to, a tuna sandwich for lunch? I thought it was supposed to be a balanced meal?

Okay, so I'm just saying that I'm very, very disappointed that the governor has chosen to take finances above these wonderful, wonderful souls that nobody seems to care about when it comes to money. But we do. And the staff here, I couldn't have asked for a better family for him. And I appreciate that so much. There's many, many more things I'm sure I'm forgetting to say, but I just really am discouraged that they're wanting to close, and I think we can fight that. Thank you so much.

Renee Thank you. I'm going to take a few callers now. Christy, are there any callers on the line?

Moderator Not at this time. (Operator instructions.) No one in queue at this time.

Renee Thank you. Can I have Speakers 10 through 15, please, come forward to the front row that we have reserved? And I'll go ahead and have Speaker 10 approach the podium, please.

Linda

Good morning. My name is Linda [REDACTED], and I'm a conservator for [REDACTED]. He has resided here at Porterville Developmental Center for over 50 years. So, like many others that have spoken before me, this is his home. This is what he calls home.

At PDC this has been the least restrictive environment for him. It is also very safe for him. People who drive around this facility know that these clients have trouble walking, or may need a little extra time to get across the street, and they're aware of that. They slow down for them. What's going to happen when [REDACTED] goes out in the community if PDC closes? Nobody's going to be aware of that.

And the biggest question is, he won't even be able to go out to walk by himself. [REDACTED] very independent at this point. He's able to independently go to work. He attends leisure activities in the evening, such as movies, dances, bingo. He has adult education classes. He uses the pool. He also attends church independently. He doesn't need anybody to drive him anywhere. [REDACTED] can go on his own.

So, what I'm saying, my question to the board is: if you're looking for something least restrictive then how is a community going to be more least

restrictive, where [REDACTED] can actually go and independently walk to his own leisure, his own church, his own shopping, his own job? He can't do that in a community. In fact, I even brought that up to the IDT a couple years ago, and last year. They said, "Okay, we need to look at placing [REDACTED] What would you like to see happen?" I said, "Great. Do you want to place him? He needs to independently be able to walk, go to leisure activities, go to church." They said, "Well, we can't provide that." I said, "Well, then that's not a least restrictive environment for [REDACTED]"

Porterville Developmental Center does offer all those things and makes him a more independent person. I realize there are some excellent care homes. Unfortunately, there are also poor homes. Many homes hire people who are not licensed or are not properly trained to work with the developmentally disabled. At PDC the clients receive services from professional people in many disciplines, such as the psychiatric technicians, social workers, recreation therapists, psychologists, registered nurses, and many more.

[REDACTED] requires special shoes that need to be made, so he needs to see a podiatrist. He has an ongoing relationship with the podiatrist. He always tells me whenever I pick him up for a visit that he went to see the

podiatrist to get his nails clipped. Because of this impairment he has to have special shoes that adapted, and they adapt those shoes here at PDC at the biomechanical engineering facility. I know this because I had to try and help the unit find a place to help get the shoes adapted when only one place in Porterville closed down. And we looked all over to try and find some place that would help adapt [REDACTED] shoes, and here at PDC they do that. So, when he goes out in the community, who's going to do that for him? Obviously, there's nobody there in this local area.

So, I'm going to ask some questions. I know you aren't going to answer them. But these are things that I want the board to consider. So, we heard [REDACTED] say that they're going to help clients transition to the community. Okay, what is the plan? I want to know upfront. I don't want to all of a sudden say, oh, we might do this, or we may not. What is the plan? Can I go and check and make sure [REDACTED] is receiving these services, or am I going to have to make an appointment?

Will there be a longer transition time for the clients to visit potential homes? I know in the past the clients get a visit, maybe two, and then they're placed. [REDACTED] been in the same facility, like I said, for 50 years. He's always been in the same unit for a number of years.

Like another previous person spoke, his residence is the first one to be closed down, so now you're going to close his unit, move him to a different unit, and now you want to place him. What kind of stresses are you putting on our individuals that reside here? First you're going to change their home environment and then you're going to place them, they come back to different staff. That's just too much stress for them. [REDACTED] doesn't adapt to change that well.

What happens if he gets placed in a home and he's not happy? What are the options if he's not happy? Is there a time limit to determine if the home is a proper fit for him? Can he be returned to PDC until a new home can be found? How are they going to deal with all these issues? Like I said, there's supposed to be a plan. What's the plan? The best plan to me is to just keep the Porterville Developmental Center open—

Renee Time's up.

Linda —and let him stay here along with all the other loved ones. Thank you.

Renee Thank you. Speaker 11, please come forward.

Bob Hello. My name is Bob [REDACTED]. Everybody that's spoken has basically said what I was going to say. I'm going to talk about impacts, though, like Linda was saying, as far as impact goes on the clients themselves, of the transitioning and the changing.

Renee Bob, can you state your affiliation?

Bob I'm retired from PDC.

Renee Thank you.

Bob And this is going to affect clients. They won't be able to adapt to the change. What if a client goes into a home and he's having trouble adjusting, what happens? Someone said that they called the police on a client, and so these clients are going to be put out in the community and they have problems adjusting, and they're going to be thrown in jail because they can't adapt.

The impact on these clients and the homes themselves, who's the watchdog agency that's going to be watching over this transition and how well these people adapt? All the privileges that they're allowed here at

PDC, are they going to be able to receive them at these group homes, and who's going to be watching? There's not enough social workers out there right now to be able to watch over all these individuals. They can't do it right now at this level.

And then the impact if they do close the GTA, besides the clients, what about the staff and the impact it's going to have on the staff if they get laid off? And then that means that that goes back to the community and there's going to be a loss of revenue all over. And if the staff goes on, say they have to get unemployment, then it's a trickledown effect, it's going to effect this whole community, besides the clients and staff here at PDC, the whole community out there, because they take clients on outings. Clients go out in the community and spend money. They buy things. Besides clients, the staff themselves, they have houses, and cars, and this whole trickledown effect is not good for PDC, or the community, and the people themselves.

And so I say let's keep PDC open, and it's just going to be for the benefit of everybody besides the clients, and the staff, and the whole community itself. Thank you.

Renee Thank you. Speaker 12?

Nancy Hello. I'm Nancy [REDACTED] and [REDACTED] has lived here since 1969, when she was 4-years-old. She was brain damaged from multiple missed diagnoses. And we have graciously looked at many homes over the years. I'm going to start with the most recent and then go backwards to give you an idea of what you might be in for.

And I do appreciate Mr. [REDACTED]'s story of Jeffrey. And I do wish [REDACTED] [REDACTED] with an IQ of 12 to 15, were as high functioning as Jeffrey was and could progress in the community, because she cannot at an IQ that low.

So, most recently, [REDACTED] needed surgery last month and I was called the day before, they were still considering whether or not to do the surgery. And she had been in acute care here at Porterville Developmental Center, and the fantastic medical team here at Porterville Developmental Center said, "We can't do this. We need to move her to Sierra View in the community." They moved her to Sierra View. I received a call from the doctor on duty, and he asked me if [REDACTED] had early onset dementia. And all I could say was "I really don't know how to differentiate early

onset dementia with profound retardation with an IQ of 12.” It didn’t make sense. But that to me is negligent of a doctor to ask me of that. And when I asked Porterville Developmental Center, “Why would a doctor in the community ask me such a thing about [REDACTED]?” They said, “We don’t know. We sent them 85 pages on her. They should have known.” So, this is what we might be in for medically, aside from the dental issue of sedation. There are very few dentists in the community that do sedation on dental.

So, now backtracking, we’ve been through a complete nightmare for the past year and a half. And we’ve spent a lot of money on legal fees fighting it. We were told there was a new best provider, the previous provider was also the regional center’s best provider, so we were asked to go look at the home.

So, we go to look at the home, and I asked to see the provider’s documentation for licensing this home. I was given about a one-inch packet of their licensing qualifications. And in this it noted that in the budget they’re scheduled for six hours of RN to serve this home, six hours a month for people at our level. The home’s going to receive over \$14,000 a month per person, and that’s common for our level of care

that's needed. A lot of these startup homes get up to \$200,000 to start the home, so we're talking about a lot of money being poured into these homes. And it's all available on public documents.

I took a look at the licensing package that was provided by People's Care to Central Valley Regional Center. Some of their professionals had obtained their college degrees—

Renee

Two-minute warning.

Nancy

—had obtained their college degrees from unaccredited online colleges that operate out of Florida. They lived three hours away. I went and visited the home when it was vacant, I asked to see an operating home, and they took me there after much insistence, they were shoving somebody into the place where I couldn't see them because they yelled too much. So, I went to see the home after it was occupied by somebody that I recognized from here, who was always cheerful, the man was trying to escape. The poor tech said, "This is my last day here. I can't work for this company anymore." The home had only been operating for five months.

I found a home, and it's in Lanterman Regional Center's district, but Central Valley's hands are tied at getting her there, because Lanterman only offers \$800 a month for [REDACTED] for reimbursement rates, where everybody else in that home receives over \$9,000 a month, and the people in the unqualified home received \$14,000 a month.

The bed is licensed by DDS, but Lanterman is tying it up and refusing to move [REDACTED] there. And it's the only place that serves her specific need. And like everybody else says, you don't know if they're going to be here tomorrow. Mr. [REDACTED] had looked at several homes, and they've closed. And so, still you have that over your head.

I've been verbally assaulted from Porterville Regional Project representatives, to the point where I regret not calling the police. That person has now been retired because of my insistence that it's not right and I don't want anyone else treated like that. I don't know if that's why she retired, but it was very interesting that just months afterwards she's no longer there. But I just hope nobody goes through what I go through. And I actually fear that we're all in for more.

So, I'm not seeing any improvement. I think there are a lot of deficits. I think nobody's got the clear enough oversight to—

Renee Time's up.

Nancy —follow through.

Renee Thank you. I'm going to take some callers now. Are there any callers on the line?

Moderator None in queue at this time. (Operator instructions.) No comments from the phone at this time.

Renee Speaker 13, please?

M Hello. I'm affiliated with California Associates of Psychiatric Technicians. I'm here on a dual purpose, not only to speak on behalf of all your loved ones, but also on behalf of the employees that are being affected.

I'm heartfelt on the comments that you have made, and as a CAPT representative we are opposed to this closure. We feel that a least restrictive environment should be a choice, which is what your family is saying, is that this should be the choice of what you want done for your loved ones, not to close. Sure, they can downsize, but not close the facility.

We recently had a town hall meeting here. I don't know if any of you were invited. But during that town hall meeting several things were mentioned. One question was asked to the speaker, said, "Is that funding that since you're closing is it going to decrease the DDS money-wise?" And he said, "No. It's just going to be diverted someplace else." So, by them closing it isn't necessarily saving money. It's just being diverted to someplace else and basically to like a community home.

But, let's see here. Okay, given that closure's underway and basically it's inevitable, CAPT would like to see that this transition of every client in the community happens smoothly and seamlessly. I realize this is going against what you're saying, but it's almost inevitable. Agnews and Lanterman have already closed, so it's happening. They're saying 2021, but some of you could be affected much sooner than that.

So, as individuals with developmental disabilities do not handle change in structure and environment well, in order for the smooth transition to occur state staff need to follow the clients into the community. And that is what the state's after, they're after the employees that are working with your individuals right now to attempt to follow them. That's a good plan.

That's a good idea. But I believe that plan needs to have incentives, not just for you as your loved ones go into those community homes, but for the staff to be able to follow them there. And I don't think there's going to be enough incentives for both parties for it to happen. I really don't.

But the plan is supposed to be taking place. The plan is supposed to be developed by sometime in April—

Renee Two-minute warning.

M —so we'll see what happens. Thank you. Let's see here, one of the bullets that was given to me says, "We must learn from the failures of Lanterman's community state staffing program. Community providers failed to participate in the subsidized program, and now we are seeing the dire effects of not having licensed psych techs follow the clients into the community." Again, that's because there wasn't enough incentive for the

staff to follow, there wasn't enough incentives for the group home owners to hire the employees. So, hopefully the state has seen some changes and hopefully they'll develop a better plan.

Let's see here. I'm sorry. I'm running out of time here. There needs to be created a crisis bed unit. I realize that's the talk is that they're going to eventually have a crisis center. That way if your loved one needs immediate care, or care that the group home can't handle, they'll come back to a crisis center locally somewhere nearby your home that your loved one is going to go to. So, we'll see if that happens.

They also did say at the town hall meeting that they have planned, on a limited time basis, I believe it was to keep, you guys mentioned the dental, so all the clinics here they were going to at least keep them open. But they didn't say for how long. They just said limited. So, I don't know how long that limited is. But I'm sure that will be one of your questions that you'll be asking the state, how long is that going to be provided for your loved ones?

And as far as the staff, the staff being affected, again, you just mentioned that there's going to be layoffs. It's going to affect the community.

Renee Time's up.

M And I thank you for your time.

Renee Thank you. Speaker 14?

Meg Hi, my name is Meg Hopkin, and I'm a conservator representative for a non-profit conservatorship program. I've worked in this field for 11 years. We have had Porterville Developmental Center consumers who have transferred into the community and have been successful in their placement. However, the consumers that I have still at the developmental center are very medically fragile and involved, and as such, I'm very aware of the difficulties in the community.

And I am aware that across the nation there is a trend to close developmental centers, and that the PDC and the other developmental centers in California are very, very expensive to run. But there's a higher ratio of staff at the PDC, a higher number of licensed individuals at the PDC, excellent and easy access to medical care. And in my experience the biggest difficulty that we have as conservator representatives is the medical care for our clients in the community, especially for those

consumers who are lower functioning, there's not quite the interest. I mean, we have to advocate strongly for somebody who is non-verbal and profoundly disabled.

So, my plea and request to the Department of Developmental Disabilities would be to put more money into improving the quality of medical care in the community for our consumers. And I would also ask that they increase the rates and funding to ICF DDHs, ICF DDNs, and the community care facilities. The staff receive a low wage, so there's a high turnover and there is not the loyalty that we have with the DC staff in the community. So, thank you for your time.

Renee Thank you. Speaker 15, please.

Daryl Hello. My name is Daryl [REDACTED] and my wife and I are [REDACTED] [REDACTED] conservators as well. And he has been at the facility for 40 years. And I've been very involved as a stepdad with [REDACTED] [REDACTED] [REDACTED] of course I'd be concerned about him. [REDACTED].

But the thing that I see, and I hear, is that we as parents are very concerned and conservators are very concerned about our loved ones, the clients that

they have made decisions apparently to go ahead and do and then they ask for us to have something to say about it. Why not before instead of after? What are we going to accomplish today? Are you going to listen to what we have to say? Are you going to listen to the desires of the hearts of the parents of the clients that are here at Porterville State Hospital that have been here all these years?

And you're going to require them to go into a community and make adaptations in the community that they will not be able to do easily? The same as prisoners being in prison and they're taken out into the community and they can't adapt. They can't adjust. There's no way for them to adjust. And they have much difficulty.

And for the forensic people to be pushing our clients out, and why, because of money, because they get more money for the forensic than they do for our clients and our loved ones. This world is supposed to be, this America that we're in, the America that we grew up in was one nation under God indivisible, with justice for all, including them. Why must they suffer for what a few more dollars is going to do for the state or this facility here, when this facility is the perfect, most adequate, most desired place for the placement of the clients, of [REDACTED]—

Renee Two-minute warning.

Daryl —and why do we only get five minutes? They had a lot more time to make up their mind, didn't they? Well, I wish they had a little more time to listen to what we might have to say about it, because this is not America that I know. It's one nation under dollars and money, rather than one nation under God. And God cares about our loved ones. He cares about us and how we feel. What are we supposed to do when we are getting older and older all the time, and what is going to happen to our loved ones when we're not here to even speak up for them or even try to convince others to see the need to keep this place open?

And my suggestion and my heartfelt feelings about this is that they reconsider and that they continue the care that our clients, our loved ones are used to and have been taken well care of for the years that they've had, and for the years that they have left to live let them live in comfort, and peace, and good, and quality care. These homes, they have \$8 an hour people taking care of these people in the homes. Here, they're qualified. They have to be qualified. They're paid well, but they do a good job too, and they take care of our loved ones. Please consider what this is going to

impact on the people that are here that are left that have those of us that will fight and do our best to continue time in.

Renee Time's up.

Daryl You understand what I mean, right?

Renee Thank you. I'm going to see if there are any callers. Are there any callers on the line?

Moderator None in queue at this time. (Operator instructions.) We do have a couple comments. We'll go to the line of Anthony [REDACTED] a client.

Tony Hi, and good morning. And thank you for this forum. My name is Tony [REDACTED] and I am calling on behalf of [REDACTED]. I am his conservator as well, and his only relative, and a routine visitor. [REDACTED] became a client of PDC in 1958. He is blind. He has no speech. He requires a wheelchair, because it's now very difficult for him to walk. Approximately, oh, 20 years ago, [REDACTED] was placed in a community placement situation, and for [REDACTED] it turned out to be a disaster. It was very upsetting for him, and thankfully he returned back to PDC.

██████████ is 67-years-old. His medical needs are now growing. I believe he needs to live in a hospital environment. ██████████ receives very good care by skilled medical professionals at PDC. He has a wonderful routine. He has a decent life. Take ██████████ out of PDC, put him in a community placement situation, and I suspect it will be another disaster and he could die under that environment.

I personally am in favor of a reduced role of government, but this is not an area that we need to turn our back to. I believe that if a client of PDC has the upper capability to be in a community placement situation and can assimilate in that environment, I'm all for it. But ██████████ and other clients that I see at PDC really require a great level of care, not just by one person overlooking but by a staff.

The State of California builds and puts up prisons like they're 7-Elevens and we can't take adequate care of the remaining PDC clients. We spend billions of dollars in this state for a mass transit system, but we can't take care of the remaining PDC clients that need our help. Really? Please let me register my strong opposition to the closure of PDC.

Renee

Two-minute warning.

Tony Thank you.

Moderator Thank you. We'll go to the line of Dennis [REDACTED] [REDACTED] of a client.

Dennis Thank you. This is my second comment. This is something I didn't get to finish the first time. If it's really an issue of cost, it appears to me that the most economic method of handling these clients is to centralize them, have a minimum of crash kits. I know that those crash wagons are very expensive. I think each of the units has one. They're used in case of resuscitation needed of a variety of issues. When you go into these individual homes, those are not going to be available.

I think what we're looking at is a government that has bought into a general direction of withdrawing services from the least capable of our citizens. For those that are interested there's an excellent book out called *Behind the Green Mask*, available through Amazon, I'm not a salesman, but excellent information on I think some of the thoughts and ideas behind what is going on at PDC.

To disperse the patients into a variety of homes where there's going to be lower levels of care just doesn't seem appropriate, it doesn't seem right,

and it seems to me it would be more costly to disperse the requirements for equipment that's needed to support these people than to have it centralized at PDC. I know the buildings are getting old, so why not renovate two or three of them and keep these very severely handicapped people in an environment that will give them the greatest support that can be to their benefit, and to the family's benefit, because the family won't have to worry about them so much. Thank you.

Renee Thank you.

Moderator (Operator instructions.) No one in queue at this time.

Renee Thank you. Speaker 16?

Peter Peter [indiscernible]. [REDACTED] a resident here. He's been here since 1962. He had rheumatic fever. In other words his brain fried, so he became mentally retarded. Now, here he has everything he needs, a list of doctors, nurses, psychologists, ontologists [ph], you name it, you name it, you name it.

This gentleman here is saying he wants to place all these people in different group homes. Are you going to guarantee us as families, relatives, friends, loved ones that these homes you're going to put them in are guaranteed to be licensed? There was a group home in Downey, not more than a year ago ten clients died. They found out later that the group home didn't even have a license, but yet the State of California was paying them.

Let's put it this way, if the governor had a child here don't you think he'd be here yelling about this too, instead of you just writing on your little pad and report back to the governor. Hey man, these are people. These are human beings. [REDACTED] needs a list of 20 people to take care of him. When is the governor's office going to grow up and listen to what the people have to say? You sold Camarillo State Hospital. Where did that money go? You guys sold Agnews State Hospital. Where did that money go? Did it come here to generate more openness for the people here now? Did you guys revamp any of the buildings here? No. I know that for a fact.

Everything has to deal with money. And that's how it's always been is money, or are you going to sell this place and put it in a pork barrel policy

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so you guys can spend more money on yourselves? I don't think so.

These people are human beings. [REDACTED] a citizen of the United States and he has rights. And I agree with that gentleman that says if you guys close this place down he's going to go file a lawsuit. Well, so am I. I will file the biggest lawsuit that you and Governor Brown has ever heard of.

And if his dad was alive, and yes, sir, I knew his dad, I knew him from way back, he'd be turning over in his grave right now, because if you want to do this, this is wrong. Or, are you just going to do what everybody else does? LA County, what they do is they take their mentally ill people and they throw them on Skid Row. They let them go any place they please. They get mugged. They get murdered. They get raped. But, hey, what are we to say what you're planning to do. The money that you're going to generate off all these properties, are they going to be the pork barrel policies of the state, or are you going to help the clients?

When [REDACTED] committed here, she was guaranteed that he'd be here until the day he died. I've been opposed to this since the day I took over his conservatorship.

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Renee Two-minute warning.

Peter Every year you guys come up with the same story, “We’re going to put him in a group home.” Fine. I’ve never gotten a guarantee from anybody you’re going to take care of him. All I keep hearing is, “We’re going to do this and we’re going to do that.” But you never asked us what we wanted. It’s always what you wanted. Thank you.

Renee Thank you. At this time we don’t have any more speakers. I’m going to see if we have any more callers on the line.

Moderator (Operator instructions.) I’m seeing no comments from the phone at this time.

Renee If any of the listeners have changed their mind and they’d like to speak they can fill out a speaker’s card and come forward and speak, if they’d like. Christy, if we have any callers, please just put them through. Thank you.

Moderator Okay, thank you.

Renee I can't answer any questions at this time. Okay, just go ahead and come forward so we can hear, please. Oh, I need another speaker's card filled out. You have to do it at the front. Thank you. Okay, thank you.

Nancy Hi, again. I'm Nancy [REDACTED] I spoke a few minutes ago. And I'm curious if there's going to be information given to us as far as a timeline and a plan, because I haven't seen anything. I got a one page letter in the mail saying there's going to be a forum today, but I haven't heard anything spoken about what's going to be offered as a whole, or what the steps are going to be, or what a timeline is going to be.

So, I'm a little surprised to show up here and just see it as an open forum for us to be speaking, yet we're not receiving any information. And I don't know if that was communicated to anybody else beforehand, that we're just coming here to talk but not to actually have a presentation and know what's going on, because I feel like I'm still in the dark. I feel like nothing's been disclosed properly, and unless I want to read a thousand pages of the governor's idea, which I wouldn't understand it, I'm not an attorney.

I don't know if maybe I'm the only one that didn't receive really what's going on other than just hearsay, and then them asking us to come and talk about what they already have heard from Sonoma, and what they've already heard from Lanterman, and what they've already heard from Agnews. So, if something's going to be provided, I would really appreciate it, and I'm sure a lot of people would.

Cindy Because their plan is going to be submitted by April 1st of 2016 for legislator approval.

W [Indiscernible].

Cindy It will be posted on the department's website. Do you know the time frames on that?

Renee There are no time frames at this time.

Moderator (Operator instructions.)

Theresa Again, I'm Theresa Billeci. I'm the Executive Director of Porterville Developmental Center. And I'm going to give you a little bit more

information about the process. We actually started last month, actually at the beginning of this month, we're still in January, the beginning of this month, and we had a town hall meeting with our employees. And we announced the closure process, had many people that came, many people that had a lot of questions, and we're currently filtering through those questions from our employees.

Today is another part of the process, where we have a public hearing where people can come and can give us input. And I want you to remember that the closure plan is basically in development. It's not done. It's in development. It is due to the legislature. So, part of what we're going to be doing as we go forward in February is to also have a parent meeting. And we're in the process of developing the dates for that, and we will get that information out to you. That will be another time when you can come where we can talk. Okay?

The other part to it is also working with some of our legislators, some of our city and county folks as well. Some folks today talked about land and things of that nature, that all has to be discussed. We're good stewards of land. But that's truly what we are, we're stewards of the land, so we'll be

working through this process. So, today is really the beginning of it for all of us, to have a dialogue.

So, I hope that fills in a little bit more information in terms of what the next process is going to be and how we're going to go forward. Again, we've mentioned many times today, and let me mention it again, there will be information posted on the website, the DDS website, as well as the closure plan will also be posted there as well. So, please look to that as a form of communication as well. Thank you.

Renee Christy, do we have any callers on the line?

Moderator There are currently no comments from the queue. (Operator instructions.)
We have a comment from the line of Dennis [REDACTED].
Please go ahead.

Dennis One more comment I have is addressing the issues of stewards of the land. We're—

Renee Can you please state your name again for me, please?

Dennis Okay, Dennis [REDACTED].

Renee And your—

Dennis I'm [REDACTED] and conservator of [REDACTED]

Renee Thank you.

Dennis And the question I have, or the comment I have is about being stewards of the land. I certainly agree with that. But we're also stewards of our infirm citizens. And I have heard in the past that when people left PDC and went into home situations, in some cases, and I don't know how many, but in some cases there were severe emotional outbreaks. I heard that there was some significant health issues that occurred as a result of the stress of the relocation. And I just wonder if that information has been collected and considered in the possibility of moving so many people of limited understanding into an unfamiliar environment.

As I said, [REDACTED] been there since 1954. When they move her from one unit to another she usually visits that new unit a couple of times before she's permanently moved just to allow for adjustment. I think it would be

difficult to do that when moving people into a private facility, but yet there needs to be some kind of adjustment period for these people, because there hasn't been any history, is my understanding, of severe outcomes. And I'd be interested in knowing what that history has been, so we can apply it and consider it with regard to our own loved ones. That's it. Thank you.

Renee Thank you.

Moderator There are currently no other comments. Please go ahead.

Renee Number 17?

Terri My name is Terri [REDACTED]. I am a member of the Fairview Family and Friends Board, which is the family group at Fairview Developmental Center. I am a long-time Lanterman family member, where [REDACTED] lived for many years. He has been deceased for a number of years.

I didn't intend to speak today. I just came to hear Porterville families and other comments, because I'm also president of an organization called CASHPCR that represented Fairview and Porterville families, and other developmental centers, for a number of years. And now after all these

years you also find yourselves in the position of closing. So, I can just tell you a little bit about the process.

But I think that one of the important things for you to know today is that this public hearing, although it seems bizarre that you stand up here to the podium and you address these comments about your relative and the desperation that you feel and that you have felt in the past—please excuse me my voice. I really hate to do this. I'm shaking. But in other states they don't have this. In other states they just say we're going to close the center, and it happens. And you don't get the input. So, in the Lanterman Act there's a whole list of things you have to do in order to close a DC. You can't just do it overnight.

So, you may think that this is a little fruitless standing up and saying these comments to people who just take this down as a record, but it is a record and that record goes to Sacramento. It is attached to the closure plan. It is there for you to refer to when you go see legislators, when you write letters, whether it is during the hearings about the actual closure plan, or whether it's two years or five years down the line when you are advocating for continued funding for the services that your relatives are receiving in the community. This is very important, this process.

I want to say, though Fairview is, we're having our big meeting next Saturday, like you we're having our public meeting too. The Lanterman public meeting, or the Agnews public meeting, which I also attended years ago, all of these stories are extremely important because incrementally they really add to the knowledge of people who are making decisions about your child, your family member, your relative, the person you care for, not just you. So, you need to tell these stories. But you also need to learn a lot more about the system than you ever had to know—

Renee

Two-minute warning.

Terri

—here, just having your relative here. In terms of the other closures, I can say for the Lanterman closures there were some very, very excellent things that happened. And we know this because developmental center movers are watched very closely, monitored very closely. Not everybody was happy. Not everybody is happy today. There are some continuing problems. But I have to tell you, you're starting this process and you're doing it the right way by speaking up, but also please keep your ears open, your minds open, and learn, because no matter how you feel about it you have to interact with the people who are making decisions for your loved ones. Thank you.

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Renee Thank you. Speaker 20, would you like to come forward, please?

Rose [REDACTED] has been here for—

Renee Can you please state your first name and—

Rose My first is Rose, and my last name is [REDACTED]. First of all, [REDACTED] has been here for about 30 years. And I don't know where she would have gotten better care than here at this developmental center. We're so grateful to everybody for the care and the respect especially that they've given her. I'm going to get a little nervous, so I have notes, so I hope you guys don't mind.

Her quality of life has been better than anything that we could have provided for her, or anything that she could have had in a community setting. And I'm sure that it's the same thing for many of your friends and relatives. The closure of the developmental center causes us to think about change. And we just went to go see [REDACTED] and she's obviously showing the signs of the change and how it's affecting her, and we were trying to assure her that no matter where she is we're going to still be there for her. And so I'm hoping that that is something that can help for all of

our relatives. But I'm concerned because one of the things that happened, if change is difficult for me it's going to be magnified for her, and so I'm concerned about some of the behaviors that she's going to be displaying. I need to illustrate why I'm here to begin with.

I was a special education administrator until a couple of years ago, and my job was to work with students who are in special centers and they have emotional and behavioral difficulties. Because of the kind of students that I worked with, many of them were in group home placements, community placements, and I was around to witness what kind of services they received there. And although the staff that worked in community placements is very dedicated to what they do, I know that there's not the same kind of supervision that there is here.

For example, we had a student who was displaying really inappropriate behaviors. He was an aggressive student who acted out a lot. We were able to manage him at school because we have a big team that would work together. But at his group home when he was acting out at night they were worried about what he might do to himself. So, the group home was the one that would give the information to the psychiatrist about what medication to take.

And to make a long story short, the student was overmedicated. Our staff noticed that he was drooling, that he was kind of comatose, he was starting to get jaundiced. And it turned out that the medication was too high and he was having liver and kidney failure. That scared the heck out of me, so we got our team together, which included the school nurse, the school social worker, the psychologist, and me as the administrator, besides the teachers and the classified staff that work with him, and we were able to contact the doctor and get that straightened out.

So, that leads me into what my concerns are, and I'm hoping that I can do whatever I can to help with the team approach, is when she leaves here I want to make sure that there's a team approach somehow where we're all kind of included, where we have people who we can trust that are going to be with her for a long time and be able to manage that.

Who's going to monitor the medication? Here, they have people that talk to each other and say how she does in certain places, and so that's what I would like to be assured about as well. Training of the new staff, how are they going to get to know our family members? What kind of training do they have compared to the one here? I've asked people here what kind of training that they've had, and I'm very comforted by that because I

provided the training for our district, and so I'm pretty comforted by what they offer here.

The turnover rate of staff. I've known some of these people for 30 years, and most of the people in group homes are there for two, three years.

That's my experience. That may not be true, but that's my experience.

What's [REDACTED] going to do for vocational placement? There's a structure here that she looks forward to every single day, and she is so proud of her vocational placement. When they have the IPP meetings and they talk about what a good job she does, you should see the smile on her face. It's very valuable.

The other thing is, I know that in community placements they spend a lot of time out in the community. You see residents at the grocery store, you see them at the library, you see them at the bookstores, and at the mall.

That's not the kind of stuff [REDACTED] enjoys. So, my concern is what happens when she doesn't want to do that, when she says, "No, I don't want to," and they don't have the staff to accommodate that? Does she have to go, or does everybody have to stay in? That's a really important issue for me.

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So, I don't have much more to say besides that. I hope that this works out well for all of us. I pray that it works out well for all of us. And I'm sure that all of us will do whatever it takes, but I'm not going to be comforted until I have all of those things addressed. And I'm a pretty vocal person, so I'm going to do whatever I can, and I hope you all do too. Thank you.

Renee Thank you. Do we have any callers on the line?

Moderator (Operator instructions.) There are currently no comments in queue.

Renee We don't have any other speakers at this time. If anyone would like to come up and speak, or if you previously spoke, I guess you can come back up. Just make sure you state your name, first and last, and your affiliation. We're going to continue with the five minute increments.

Daryl [Indiscernible].

Renee Thank you.

Daryl We're going by numbers today, Number 15. I'm Daryl [REDACTED] and I'm a [REDACTED] and conservator for [REDACTED] And as I expressed earlier, my

concerns about the closure of this facility being a very sad situation and occurrence that may take place, but if there's a possibility of it not taking place I'm strong in believing and desiring that it continue to stay open.

We live in Madera, California, and they have group homes there. Not too many, especially after this past year, three of those homes have closed. Now, those homes must be closing for some reason. Maybe it's not totally beneficial for them, but what about the clients? If they're placed in a home, the people that run the home decide that they don't want to do it anymore, then they've got to find another place. And then they've got to adjust to that because there's no PDC to come back to, right? Well, let's keep PDC open so that we have a place for these people.

It's very troubling, very unsettling to think about the what-ifs in this situation and the circumstances that we're going to face with this happening. It's just not a good thing. If there had been a facility closer that we would have felt comfortable with, we would have had [REDACTED] placed there. But we have driven from Madera back and forth twice a month for 40 years. Why? Because PDC is the answer. We've got the answer. Why close it? Why interfere? Why change their atmosphere?

Why change their lives at this point after 40 years, and some of them 50-years-old and 60-years-old? They've been here that long.

We have to have some humanity in this decision that's being made. We have to think about the end result of what it may cause, the hardship it will cause our loved ones. And those that have jobs here that will have to find other jobs. It's just a multiple of things that can happen because of it.

And again I say let's keep it open. And please consider, whoever you are, think about it. If it was your child what would you do? What would you do if it was your child and they had been there that long? What would your decision be then? Think about it. Thank you.

Renee

For any of the repetitive speakers, or anyone in here that has not come forward and spoken today, you can submit your statement in writing to the department. Thank you.

On the agenda there's an address where you can send it into. Amy's bringing you one.

Do we have any callers on the line?

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Moderator (Operator instructions.) There are currently no comments in queue.
Please go ahead.

Renee Yes, just come forward and state your number, state your name and your affiliation. That should be fine. Thank you.

Rose I'm Rose [REDACTED] again, Number 20. And as I said before I was vocal, and that I am very vocal. But I want to say that I agree with the gentleman who just spoke, and I would love for this place to stay open. But I know that that might not happen, and so I think that for me a transition time is very important. And the staff here, because they are very familiar with our families I think that there needs to be some way to implement a way for them to go with our family members to whatever placement they are, whether it be for an extended period of time, or for a limited period of time. But it would be reassuring to me to know that somebody that knows her and knows her daily routine is with her.

As I said, when I was an administrator we would have our students who had been in a special placement, when they went to a comprehensive campus, the general ed campuses, we would have one of our staff members go along with them for at least a couple of weeks so that they

could get acclimated to that particular setting. I'd like to see something like that implemented for the residents here, and for a longer period of time, because they have more needs than the students that I worked with had, that the staff here who finds themselves in a precarious position anyway as far as what their employment is going to be, that they be, for lack of a better word, used by the placements that are out in the community.

It's a win-win for everybody. It's a win for our family members, and it's a win for them, and if nothing else to be used as a consultant or some kind of way to use the staff here to benefit our family members. I've been thinking about this for a long time, and I can't think of anything else that would make me feel okay. It wouldn't make me feel good, but at least it would make me feel like, okay, something is being done for our family members, they're being thought of. This is not just a closure. This is not just we've got to find someplace else for them. This is somebody really cares about our family members and is really trying to do something productive with them. Thank you.

Renee

Thank you. Do we have any callers on the line?

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Moderator (Operator instructions.) There are currently no comments in queue.
Please go ahead.

Renee Christy, do we have any callers on the line?

Moderator (Operator instructions.) There are currently no comments in queue.
Please go ahead.

Renee Thank you. We have a speaker. Speaker 29, will you please step up to the podium?

Jeanie Hello, everybody. My name is Jeanie [REDACTED]. [REDACTED] is a Porterville Developmental Center client—

Renee Please speak louder.

Jeanie —here about ten years. She doesn't have a lot of the problems all of the other clients I've heard of today have. She can talk. She can walk. She can take care of herself. She can do a lot of stuff. So, then you ask why is she here? Because she wore out every group home in our community. She was placed in group homes and was supposed to belong and have 24

hour awake staff. It didn't happen. She escaped from every single one of them. She was gone for days. We finally got her home again. The staff there did not notify us. They didn't call the police. They didn't do anything to let us know that [REDACTED] was wandering around in the community.

The reason she's here is because of those behaviors, and now the state is saying we're going to put her out in that environment again. That's not going to work for us. She needs to be here. She's happy here. The staff treats her with respect. She likes it here. She gets to come home on occasion. We come and visit her. This is where she's safe. That's what is important to us, is that [REDACTED] is safe. She's 46-years-old. She's had, like I said, a lot of experience out in the community. And it hasn't been good, for the most part. And the thought of having to go through these nightmares again with her out there is more than I care to think about.

One last thing, we have a couple of great-grandchildren. We adopted them this year. I don't know, adopting children and going on Medicare in the same year, I must be insane, but we adopted them this year. And the reason why, they were in a placement for a period of time, approved by

the state, licensed, the whole nine yards, they were removed from that home. Why? Because there were people at that group home who were unlicensed, who had no business being there. And my little great-granddaughter had such emotional problems that she pooped in the closet, and this SOB picked up that poop and rubbed it in her face and her mouth. I hope to God that doesn't happen to any of your children, because I sure don't want it to happen to mine. Thank you.

Renee Thank you. Are there callers on the line?

Moderator (Operator instructions.) There are currently no comments in queue.
Please go ahead.

Renee Speaker 22, please come forward.

Josephine Hi. My name is Josephine [indiscernible], and [REDACTED] is here. When we brought her here it was a last resort. She had been in a lot of group homes, and she was mistreated. She never could sit in a group home. She has seizures, and as soon as she had a seizure they would call me and tell me to pick her up.

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I'm from Fresno, and one day they called me and told me that she was at VMC, Valley Medical Center, that she had a seizure and they took her there by ambulance. So, I went over there. We stayed there until three o'clock in the morning, and nobody helped us. And she had one of those things in here, her hands were tied and her legs. And when I saw her she said, "[REDACTED], I want to make pee-pee. They won't let me out." So, I went by myself and I untied her and took her to the bathroom. And we waited and waited, and when they brought her from the home she didn't even have any shoes on. I had to give her my shoes.

And [REDACTED] had real bad behavioral problems, but I kept her until I got old now, I can't take care of her anymore. About 10, 12 years ago I had to. It was the last resort. The worker from the regional center told me that there's no other place but Porterville. And I had nightmares thinking about this place, because I came in 1962 to leave her here, [REDACTED] was walking, and I remember that because my sister and her husband came with me. And when I came here it was so different than what I had seen in 1962 when I came. It was horrible. They took me on a tour with [REDACTED] and when they finished and we were going to go I told the social worker, "Thank you, but I'm not going to leave [REDACTED] here."

You should have seen them. They were in a big room just looking out the windows. It was horrible.

But then when the worker told me that we had a last resort, she grew up, she was a teenager, she was getting in too much trouble. [REDACTED] told me, [REDACTED], you have to put [REDACTED] somewhere, because you can't do it anymore." So, that's why. She's happy here. She's been here for about ten years, and she's happy. Now she has [indiscernible], she can speak, and a feeding tube. She's in [REDACTED] and we go visit her.

I don't want this place closed. She's been happiest here, and the staff treats her real good. The nurses are wonderful. They pay attention to her, not like in the group homes. I don't like group homes, and [REDACTED] didn't like them either. They just want the money. That's all they want. They all have fancy cars. And when I saw [REDACTED] here she was happy when we came to see her.

And now we get this letter that they're going to close. I don't know what's going to happen to the other ones, the other people that are here with [REDACTED] What's going to happen to them? What kind of doctors are going to see them? Like here right now every morning the

doctor goes over to look at [REDACTED] [REDACTED] would have died already if it wouldn't have been for this place.

I could go on and on, but I get very emotional when I talk about it. But I want the best for [REDACTED]. She's happy here. We come from Fresno, and I come two, three times a month to see her, and at meetings, and for Christmas, and when there's an emergency, we come from over there.

Okay, thank you.

Renee Thank you. Are there any callers on the line?

Moderator (Operator instructions.) There are currently no comments in queue.
Please go ahead.

Renee Speaker Number 30?

Leona Hello. My name is Leona [REDACTED] and I work here at PDC. And I was just having concerns of the closure, with our clients if there has been a census on when we place these individuals out in the community, if there was, I don't know how to explain it, a number, a census of how many have actually been successful, or if there was a place for them to return if

they're not successful, and what happens to the ones that aren't successful?

Renee I'm unable to answer any questions at this time. We're just allowing you guys to make statements to be heard. So, if you want to make a statement—

Leona And also I wanted to ask if they were going to offer the golden handshakes when we do start the closure again to others. And that's all I had. Thank you.

Renee Thank you.

W [Audio disruption] on the speaker list, and so I'd like to just ask another question as a statement, and it's elaborating on what the last woman had asked, the successes and failure rates in the community once somebody's left the developmental center. I personally don't believe it's being tracked, and if it's being tracked how accurate is it being tracked? Probably not very accurate. But I think it would be important, if they're going to be having a parent meeting, or a conservator meeting, or whatever they want to call it, in February, if that data is made available as

part of the meeting and as part of this whole process. And if the data isn't available, maybe they can also include why it's not available. I think that would be very important for all of us. Thank you.

Renee Thank you. Speaker 17 is going to speak again.

Terri I'm Terri [REDACTED]. And I'll put this, because I'm not a Porterville family, as I told you, but I'll put this in the form of a statement once again. What has happened over the years of families coming forward like you today and things that other developmental center families have done, and certainly other families in the community have done, there has been a lot of interest in tracking people who move out of developmental centers. And it is in the law. Years ago when they moved people out under the Coffelt settlement, which you may have heard about it, a lot of people were moved out very quickly and some people did well. A lot of people did really terribly.

And that came to the attention of the legislature, brought by professionals, certainly like the professionals that serve you here at Porterville, and also from families. So, now there is a tracking system. There's a QA system across the state for all regional center clients, but in particular for people

who move out of developmental centers. They are tracked very closely.

And the families of Lanterman, several members of them, including myself, are part of a special QA committee that meets several times a year to see what has happened to them. And so everything is tracked, how many times they move, if they have to move, how many special incident reports are attached to them, any unplanned hospitalizations, all sorts of things, so they're not lost to the system as has happened in prior years.

And again it's all part of families coming forward and professionals asking for this, because the legislators who control the money and the people who make the policy, they really need to know. We're talking about people who are really cared for and cared about. So, thank you.

Renee Thank you. If we have any callers, just let us know. Thank you.

Moderator Thank you. (Operator instructions.) We do have a couple people in queue for comments. We'll go to the line of Carol [REDACTED], [REDACTED] of a client.

Carol Yes. Do you want me to start?

Renee Yes.

Carol

Yes. My name is Carol [REDACTED] and I'm the [REDACTED] of a long-time resident of Porterville Developmental Center. My parents are deceased, and I am [REDACTED] only living relative. He was placed originally in Porterville from 1954 to 1968, and then at Camarillo from 1968 to 1994. And when Camarillo closed he was then brought back from Porterville from '94, and is currently there. So, obviously he's spent almost his entire life at either Porterville or Camarillo.

My parents visited often, were very involved, were very pleased overall with the care he has received. And I have also been, since their death, always been made aware of any problems. At this point in time in his life he is extremely medically fragile, and therefore I am most concerned about him being transferred somewhere, at this point I obviously don't know where, and what kind of care he will receive.

I do not live in California. I live a great distance away. And so this is another concern. I've also been a member of the medical profession for over 40 years, and I know from experience that not every place gives excellent care, nor are all staff at places either knowledgeable about these types of patients, nor caring, and that's also a great concern of mine. And

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so I just feel that these patients who have been there for so many years, the staff who have been there for so many years and who know them and have taken such good care of them, that it should not be closed and they should be able to live the rest of their life, what life they have left, there. Thank you.

Moderator Thank you. We'll go to the line of Kristen [REDACTED], parent.

Kristen Hello. I just now dialed in. May I please know who is listening to this?
Who's there?

Renee Well, we have staff and family members of the Porterville Developmental Center and media.

Kristen Is that Theresa?

Renee This is Renee Clark speaking.

Kristen Renee. Okay, is there anyone from DDS there?

Renee Yes.

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Kristen Who is there from DDS? Hello?

Renee I'm here. I'm sorry. I'm looking for my list. I have John Doyle, the Chief Deputy Director; Dwayne LaFon, the Interim Deputy Director for Developmental Centers; Dawn Percy, Interim Assistant Deputy Director for Program Operations; Nancy Lungren, Assistant Director for Communications; Amy Wall, Assistant Director for Developmental Center Closures; and Theresa Billeci, Executive Director for the Porterville Developmental Center.

Kristen Alright, well hello to all of you. I know you well. I'm not going to say anything new here. I am currently on my way. I'm driving down. I'm debating whether or not I'm going to go all the way to Porterville.

I have my first visit with [REDACTED] in his new home today in Visalia. I'm very, very hopeful that all of you good people are correct in your estimation of the global effect that closing the developmental centers is going to have on some of the more involved developmentally disabled people in the State of California. I am hopeful also that you are carrying through on the recommendations of the taskforce on the future of

developmental centers in devising the kinds of facilities that we need to have in order for these folks to live a life of relative security and comfort.

And I'm here. I'm going to continue to speak up. I will let you guys know how it's going in the community for [REDACTED]. I promise you, of course this is [REDACTED] I'm going to do everything I can to make this placement a successful one. But of course also I will not hesitate to let you know if things are not looking real good.

So, I don't really understand the purpose of this meeting, because it's a done deal that the developmental centers are closing. I think it's probably just a kind of a legal exercise that you have to go through. So, I think everything that I have to say has been said many, many times, and so as I embark on this journey with a great deal of anxiety, I will be in touch with you folks, and thank you for all that you do. That's all.

Renee

Thank you.

Moderator

No additional comments at this time. (Operator instructions.)